Lamar County Mississippi Jack Smith - Tax Assessor

This is not an application

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|---|---|--|--|---|--------------|--|
| | | | | | | |
| Owner's Name (La | st -First - Middle) Full Nam | ne - not initials | | Social Security Number | | |
| Spouse's Name (La | ast -First - Middle) Full Nar Valid proof of MS identifica | ne - not initials tion required. (valid MS driv | er's license / valid MS pic | Social Security Number | | |
| | | (| | , | | |
| Physical Street Addres | <u> </u> | City | | Zip Code | | |
| Mailing address if different th | an above: (example PO Box | (.) | | | | |
| Daytime Phone Number | ers () | - | (|) - | | |
| In accordance with State Law 27 All Automobile Tag #'s: | is on your tag receipt - pleas | | | :- you must comply with the cehivle tax laws of \hbar | Aississippi | |
| Previous Address: | | | | | | |
| Own() Rent() Sol | d() & When: | | | | | |
| Are you operating a bu | siness in or out of this | property or renting roo | ms? | | | |
| If yes please describe: | | | | | | |
| Homestead Exemption 1 - Regular 2- Over 65 ** | Type: (cicrle one) 3- SS/RR Ac 4 - DR Disab | | | 5- Disabled Veteran** 6- Combination (Reg and Additional**) | | |
| DOB / | / ** You | must provide this office with pro | oof of disability or birth date | in order to apply for any special | exemptions** | |
| | 2- Widowed e next 3 questions: e marital home? (yes/no) | | 4- Divoro ax return with your spaye custody of a mino | oouse? (yes/no) | gle | |
| Property was aquired fi | om: (Look on your deed or | lease for seller's name) | | | | |
| Previous owner(s) name | | | | | | |
| Tronous emisi(s) name | | 1 | 1 | 1 1 | | |
| Deed Book | Page | Purchase / | Acquired Date | Recording | Date | |
| Purchase Price: (Look or | n your closing/settlement sta | tement HUD-1) Required S | ection 27-33-21(f) & 27 | '-33-31(I) | | |
| Full Purchase Price: | \$ | Down | Payment: \$ | | | |
| Filing Information: (Circl 1- Fee Title | e one) 2- Occupant Joint** | 3- Non Oo | cupant Joint** | 4- Life Estate | | |
| 5- Undivided Estate** | 6- Lease Hol | d-Lease Expiration Da | nte/ | / | 7- Trust | |
| Additional Owners** | - | | | | | |
| | | | | | | |
| For Office Use Only: | | | | | | |
| Primary Parcel Number | | Acreage | In City | <u></u> | | |
| Timary Farcer Namber | | Nordage | iii Oily | | | |
| Primary Parcel Number | | Acreage | In City | Joins Home / In 5 miles | | |
| Primary Parcel Number | | Acreage | In City | Joins Home / In 5 miles | | |
| Additioinal space for No | otes | - | - | | | |
| p | | | | | | |
| If your primary home is | a Mohile Home - vou r | nust certify in the Dun | vis office | MH Cert #: | | |
| Is this a replacement with ch | | | III UIIICC. | wii i Ocit #. | | |
| | ndicate the old Homestead A | , | | | | |